Home		TH CAROLINA DEPARTMENT OF EDUCATION TRAVEL SUPPORT DOCUMENT Agency Number H63 Agency (Other than Department of Education)										Page 1_ofPages CHECK TO BE MAILED [] State Employee [] Board Member/State Employee []								
City	State																			
THE OVER VENE OR !!							earter 1429 Senate Street, Columbia, SC 29201 Room No.										Board Member/Non-State Employee [Legislator [
							IN STATE	1	50500 40000	50500 40000	50107 20000	50500 10000	50515 20000	50500 20000	50500 30000	50500 50000	50500 60000	50500 70000		
							OUT OF STATE	2	50505 40000	50505 40000	50107 20000	50505 10000	50515 20000	50505 20000	50505 30000	50505 50000	50505 60000	50505 70000		
FY15-16 DATE MO/DA	DEP OR ARR	TIME	AM OR PM	FROM	DESTINATI	ON OF TRAVEL	то	1 or 2	AUTO MILES*	AUTO MILES	PER DIEM	MEALS	ONE- DAY MEALS	LODG- ING	AIR TRANS	OTHER TRANS	MISC TRAV EXP	REGIS FEES	TOTAL	
Source of Fund							1	505004 Mi. x.575=	505004 Mi. x.535=	501072	505001	505152	505002	505003	505005	505006	505007	TOTAL 1		
Cost Center			- <u>-</u>	unctional Area	Fund	Grant Number		2	505054 Mi. x.575=	\$ 505054 Mi. x.535=	501072	505051	505152	505052	505053	505055	505056	505057	TOTAL 2	
Contact Person: Phone:							The undersigned authorized agency/institution representative hereby certifies that (1) the expenses shown on this travel accounts payable request were incurred by the employee/official of the agency/institution as necessary traveling expenses in the performance of TOTAL 1.8.										Φ			
Verified by: Date							his/her/their official duties as state employees/officials; (2) any meals or lodging included in a conference or convention registration fee													
*The emplo	yee travel		that a st	tate vehicle was r g, conference, or	neither available nor pra seminar.	actical for use.	rules, and regula	ations.												
							APPROVED B	PPROVED BY DAT												